

<b>Issue Classification</b> 	Application No.	Applicant(s)
	09/800,572	MIZUKAWA ET AL.
	Examiner Callie E. Shosho	Art Unit 1714
		1 of 2

ISSUE CLASSIFICATION								
ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
523	160	524	91	94	99	100	102	105
INTERNATIONAL CLASSIFICATION		106	31.47					
C 0 9 D	11/02							
C 0 9 D	11/10							
C 0 8 K	5/3415							
C 0 8 K	5/3432							
C 0 8 K	5/3462							
(Assistant Examiner) _____ <i>J. Middlecamp</i> 09/22/03 (Legal Instruments Examiner)		Callie Shosho Primary Examiner TC 1700 AU1714 <i>Callie Shosho 9/22/03</i> (Primary Examiner) (Date)				Total Claims Allowed: 18 O.G. Print Claim(s) - O.G. Print Fig. -		

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
5	5		35		65		95
6	6		36		66		96
7	7		37		67		97
8	8		38		68		98
9	9		39		69		99
10	10		40		70		100
11	11		41		71		101
12	12		42		72		102
13	13		43		73		103
14	14		44		74		104
15	15		45		75		105
16	16		46		76		106
17	17		47		77		107
18	18		48		78		108
19			49		79		109
20			50		80		110
21			51		81		111
22			52		82		112
23			53		83		113
24			54		84		114
25			55		85		115
26			56		86		116
27			57		87		117
28			58		88		118
29			59		89		119
30			60		90		120

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	09/800,572	MIZUKAWA ET AL.
	Examiner	Art Unit
	Callie E. Shosho	1714

2 of 2

ORIGINAL				CROSS REFERENCE(S)										
CLASS	SUBCLASS	CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)										
523	160													
INTERNATIONAL CLASSIFICATION														
C	0	8	K	5/3477										
C	0	8	K	5/46										
			/											
			/											
			/											
(Assistant Examiner) (Date)				Callie Shosho Primary Examiner TC 1700 AU 1714 <i>Callie Shosho</i> 9/22/02 (Primary Examiner) (Date)								Total Claims Allowed:		
(Legal Instruments Examiner) (Date)												O.G. Print Claim(s)	O.G. Print Fig.	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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212		242		272		302		332		362		392	
213		243		273		303		333		363		393	
214		244		274		304		334		364		394	
215		245		275		305		335		365		395	
216		246		276		306		336		366		396	
217		247		277		307		337		367		397	
218		248		278		308		338		368		398	
219		249		279		309		339		369		399	
220		250		280		310		340		370		400	
221		251		281		311		341		371		401	
222		252		282		312		342		372		402	
223		253		283		313		343		373		403	
224		254		284		314		344		374		404	
225		255		285		315		345		375		405	
226		256		286		316		346		376		406	
227		257		287		317		347		377		407	
228		258		288		318		348		378		408	
229		259		289		319		349		379		409	
230		260		290		320		350		380		410	
231		261		291		321		351		381		411	
232		262		292		322		352		382		412	
233		263		293		323		353		383		413	
234		264		294		324		354		384		414	
235		265		295		325		355		385		415	
236		266		296		326		356		386		416	
237		267		297		327		357		387		417	
238		268		298		328		358		388		418	
239		269		299		329		359		389		419	
240		270		300		330		360		390		420	